U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penelties as provided by 29 U.S.C 439 or 440.

(JL2126) READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.
E ONS DROP	
1, File Number U - 37/1	2. Fincal Year Covered From:
	1 / 1 / 2004 Through: [2] / 3] / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Randall C Roberts	Name United Steel workers Local 12943
	Labor Organization File Number 048-137
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, If any P.O. Box 241
Street 4377 Carters Valley Rd	Street
Cay Church Hill	Cay Kingsport
State Tenn essee ZIP Code+4 37642	State Tennessee ZIP Code + 4 37660
5. Position in labor organization. Local 12943 E	xecutive Board
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name We yer havuser Company	Employee Of Weyerhazuser
Trade Name, if eny:	
P.O. Box, Bidg., Room No., if any	
Street 100 Clinch field Street	7.b. Amount.
City Kingsport	\$ 53,619.00
State Tenne ssee ZIP Code + 4 37660	
Signature The Control of the Control	
16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's/mowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
submitted in this report (including the information contained in any accompa	mying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing	File Number U- 3/0 S/	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name,	11.a. Nature of such dealing.	
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any		
Street		
City	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	